

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/518820

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
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48						
49						
50						
TOTAL IND.	2					
TOTAL DEP.	12					
TOTAL CLAIMS	14					

	1		2		3	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

PTO-875 (5-78)

MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS. FOR REPLY TO OFFICE ACTION AND FEE STATEMENT.